

DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)

SERIAL NO.

10/551819

FILING DATE

02 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		3		/		/
5		0		/		/
6		0		/		/
7		0		/		/
8	/			/		/
9		/		/		/
10		2		/		/
11		0		/		/
12		0		/		/
13	/			/		/
14		/		/		/
15		2		/		/
16		0		/		/
17	/			/		/
18		/		/		/
19		2		/		/
20	/			/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		4		/		/
25		0		/		/
26	/			/		/
27		/		/		/
28		/		/		/
29		3		/		/
30		0		/		/
31	/			/		/
32		/		/		/
33		/		/		/
34		3		/		/
35		0		/		/
36		0		/		/
37		0		/		/
38		0		/		/
39		0		/		/
40		0		/		/
41		0		/		/
42		0		/		/
43		0		/		/
44		0		/		/
45		0		/		/
46		0		/		/
47		0		/		/
48				/		/
49				/		/
50				/		/
TOTAL IND.	7		1		4	
TOTAL DEP.	52		2		49	
TOTAL CLAIMS	59		3		53	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		/
52				/		/
53			/	/		/
54				/		/
55				/		/
56				/		/
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66				/		/
67				/		/
68				/		/
69				/		/
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89				/		/
90				/		/
91				/		/
92				/		/
93				/		/
94				/		/
95				/		/
96				/		/
97				/		/
98				/		/
99				/		/
100				/		/
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY